									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										10/489325				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENT		OR	OTHER		
TOTAL CLAIMS			12				•	RATE		FEE]	RATE	FEE	
FOR			NUMBER FILED ·		NUM	UMBER EXTRA		BASIC F	Œ	385.00	ÓR	Basic fee	770.00	
TOTAL CHARGEABLE CLAIMS			/ 2 minus 20=		•	0		X\$ 9=			OR	X\$18=	_	
INDEPENDENT CLAIMS			/ minus 3 =		•	0		X43=			OR	X86=	_	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT	. •		+145=			_		OR	·+290=	j	
- 11	the difference	in column 1 is	less than z	s than zero, enter "0" in column 2					+	•	OR	TOTAL	770	
7 -2505 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L EN	VTITY	OR	OTHER SMALL			
AMENOMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	· Z	Minus	- 12	2	=		X\$ 9=			OR	X\$18=		
ME	Independent		Minus	/		*		X43=			OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=		
											00	TOTAL		
	(Column 1) (Column 2) (Column 3)										JO.,	ADDIT: FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER SUSLY	PRESENT EXTRA		RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. ਤ	Minus	* 2	0			X\$ 9=	Т		OR	X\$18=		
	Independent	•	Minus	•••	<u>ろ</u>	: -		X43=	十		OR	X86≤	·	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	4290=		
	L .											YOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)										•	~DDII. F CE		
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST ER USLY	PRESENT EXTRA		RATE	Th	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•		z	I	X\$ 9=	T		OR	X\$18=		
	independent	•	Minus	***		±	F	X43=	十			X86≃		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+	·	OR			
* If the intry in column 1 is less than the intry in column 2, write "0" in column 3. *If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, errier "20." **OPT FEE														
	f the "Highest No	mber Previously Paid ber Previously Paid	Id For IN THE	S SPACE IN	less the	n 3. enter "J."		DOIT. FEE nd in the a		orlate box		JOOIT, FEEL Jimn 1.		

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